# Estimating cases for COVID-19 in South Africa
# Update: 19 May 2020


Sheetal Silal[1], Juliet Pulliam[2], Gesine Meyer-Rath[3,4], Brooke Nichols[3,4], Lise Jamieson[3], Zaid Kimmie[5], & Harry Moultrie[5]

on behalf of the South African COVID-19 Modelling Consortium

[1] Modelling and Simulation Hub, Africa (**MASHA**), University of Cape Town, South Africa

[2] South African DSI-NRF Centre of Excellence in Epidemiological Modelling and Analysis (**SACEMA**), University of Stellenbosch, South Africa

[3] Health Economics and Epidemiology Research Office (**HE$^2$RO**), University of the Witwatersrand, Johannesburg, South Africa

[4] Boston University School of Public Health, US

[5]National Institute for Communicable Diseases **(NICD)**, South Africa

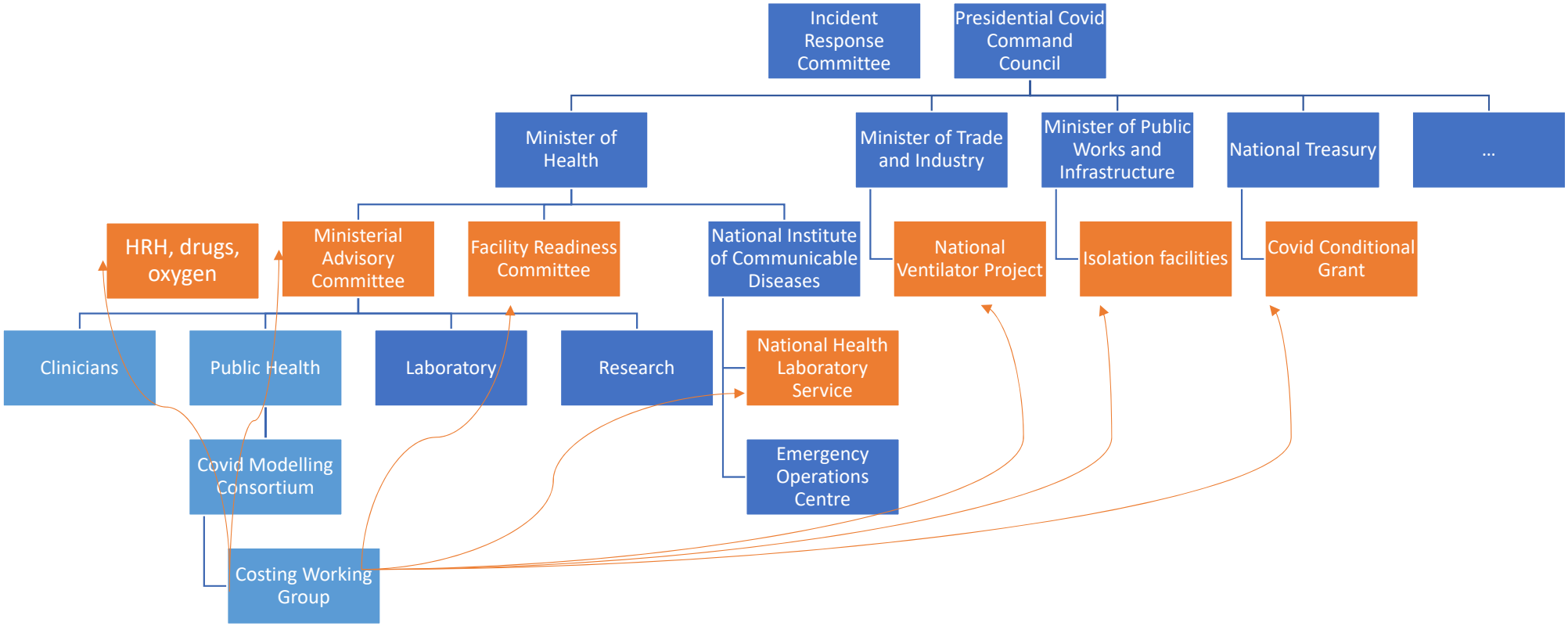
# Introduction

- South African COVID-19 Modelling Consortium
- Uncertainty regarding both the true scale and spatial distribution as a result of PUI criteria and testing coverage
- Models developed by MASHA, SACEMA and HE2RO in conjunction with the NICD
- Extensive and ongoing input from clinicians, virologists, intensivists and epidemiologists to refine key model assumptions and parameters
- Projections will be updated weekly

# Projections in Context

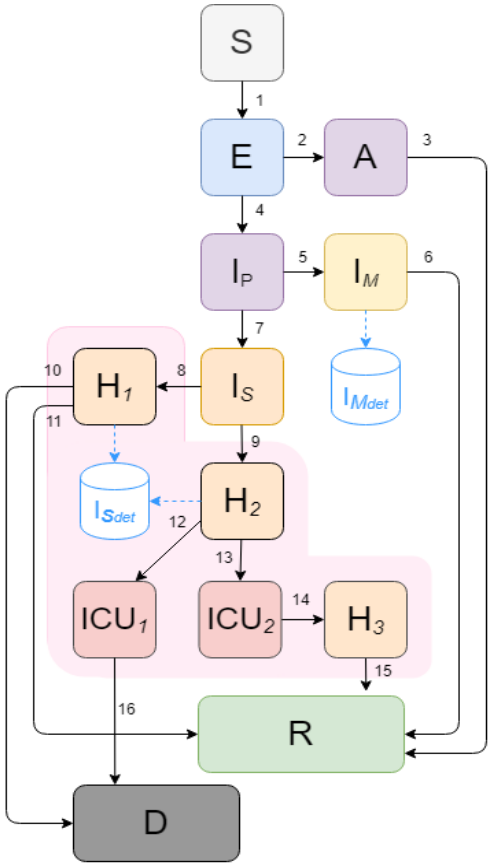
- Projections at a population level do not capture clustering of cases
  - E.g. Sharp increases in cases in the Eastern Cape
  - A spatial model with additional granularity is required (forthcoming)
- Models project total need for hospital beds and ICU beds
  - Do not account for stricter criteria to entry and existing capacity
- Population behaviour/response to mortality
  - Lessons from Ebola epidemic (adaptive behaviour to decrease mortality)
- Projections will improve with new data
  - Hospitalisation (public and private)
  - Length of stay
- Short term vs Long term Projections

# Users of model outputs



# National COVID Models

- National COVID-19 Epi Model
  - Generalised SEIR model
  - Disease severity (asymptomatic, mild, severe, critical)
  - Treatment pathway (outpatients, non-ICU, ICU)
- National COVID-19 Cost Model
  - Inputs from a range of resources to represent the type, number and price of ingredients to cost response
- Inform resource requirements and predict where gaps may arise based on available resources




Susceptible

Exposed (not infectious)

Infected, asymptomatic (A)

Infected, pre-symptomatic (Ip)

Infected, mild

Infected, severe, untreated

Hospitalised:

- Infected, severe, general ward ($H_1$)
- Infected, severe, general ward pre-ICU ($H_2$)
- Infected, critical, high care/ICU ($ICU_1$ & $ICU_2$)
- Infected, severe, general ward post-ICU ($H_3$)

Removed (non-infectious/discharged)

Died

Detection (laboratory confirmed cases)

1. Force of infection
2. Latent period till asymptomatic infectiousness
3. Duration of asymptomatic infectiousness
4. Latent period till pre-symptomatic infectiousness
5. Mild cases
6. Duration of infectiousness (mild cases)
7. Severe cases
8. Hospitalisation of severe cases
9. Hospitalisation of critical cases (prior to ICU)
10. Mortality (severe, hospitalised cases)
11. Duration of hospitalisation (severe cases)
12. Progress from severe to critical (ICU admission)
13. Progress from severe to critical (ICU admission)
14. Duration of ICU stay for survivors
15. Duration of hospitalisation post-ICU
16. Mortality (critical, ICU cases)

# Two scenarios

**Assumption:** Level 4 continues until 31 May followed by social distancing measures

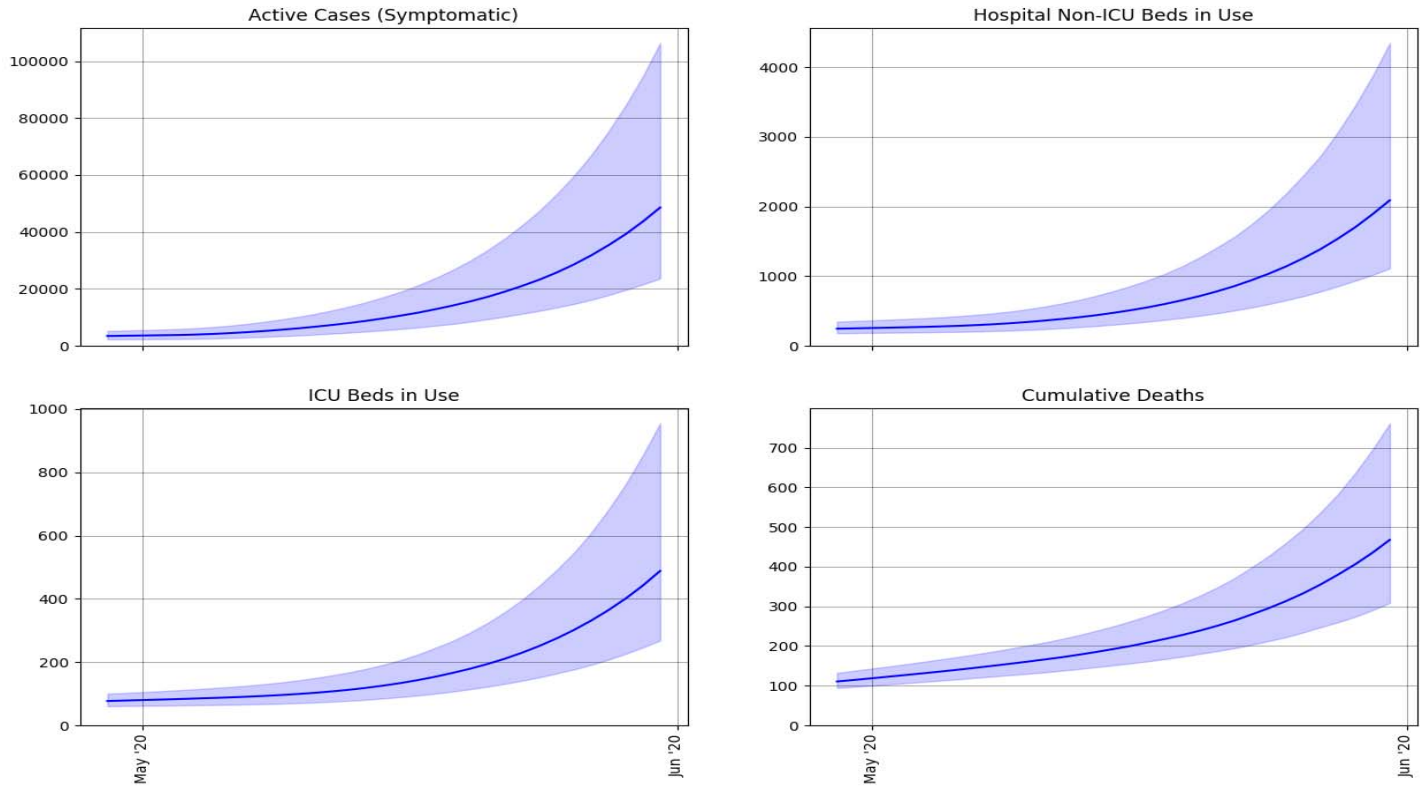
**Optimistic scenario**

- Lockdown reduced transmissibility by **60%**
- Level 4 from 1 May to 31 May: **35%**
- Social distancing measures after 31 May reduces transmissibility by **20%**

**Pessimistic scenario**

- Lockdown reduced transmissibility by **40%**
- Level 4 from 1 May to 31 May: **25%**
- Social distancing measures after 31 May reduces transmissibility by **10%**

# Short-term projections




Detected Cases:
30, 433 (18,710, 54,540)

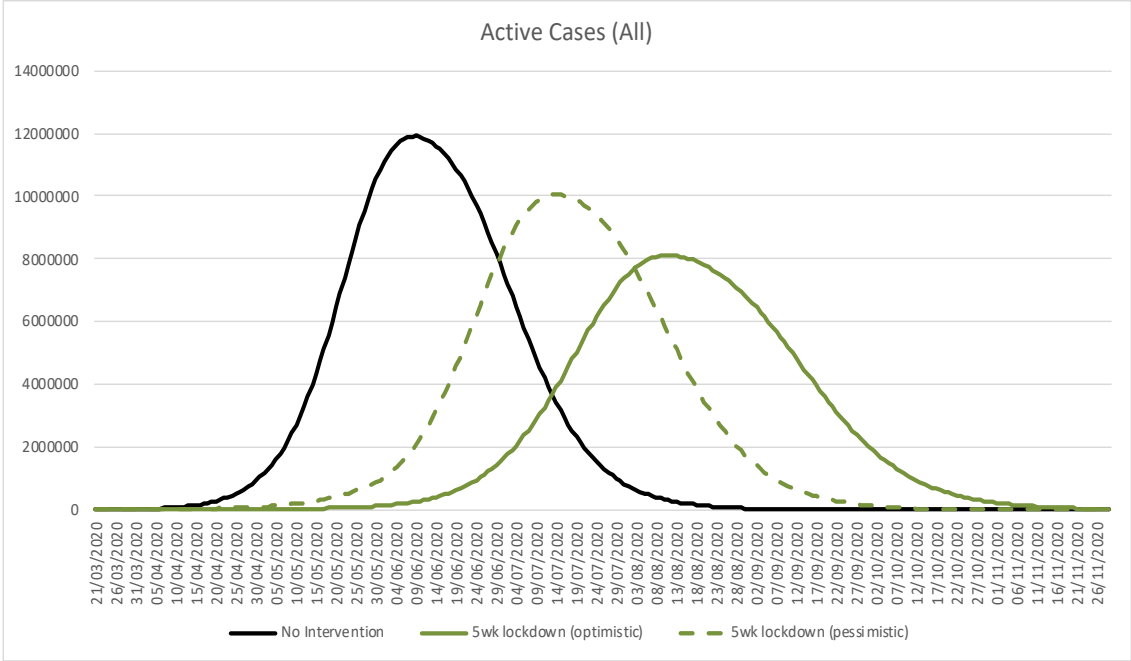
ICU bed threshold (~3,300 beds)

# Long-term projections

NATIONAL

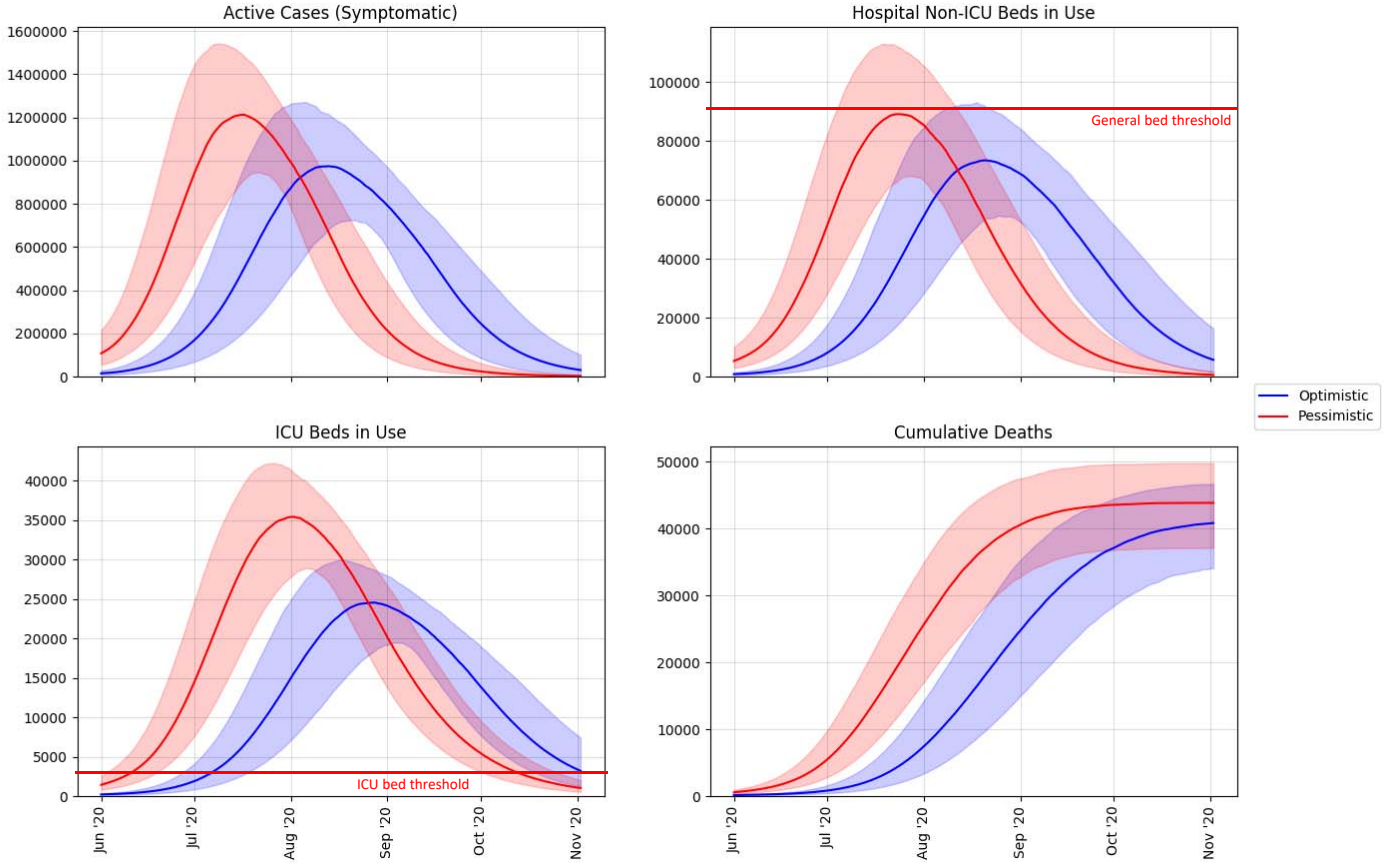
# Long-term projections: Impact of lock-down

- Greater uncertainty
- Lockdown has flattened the curve and pushed the peak later



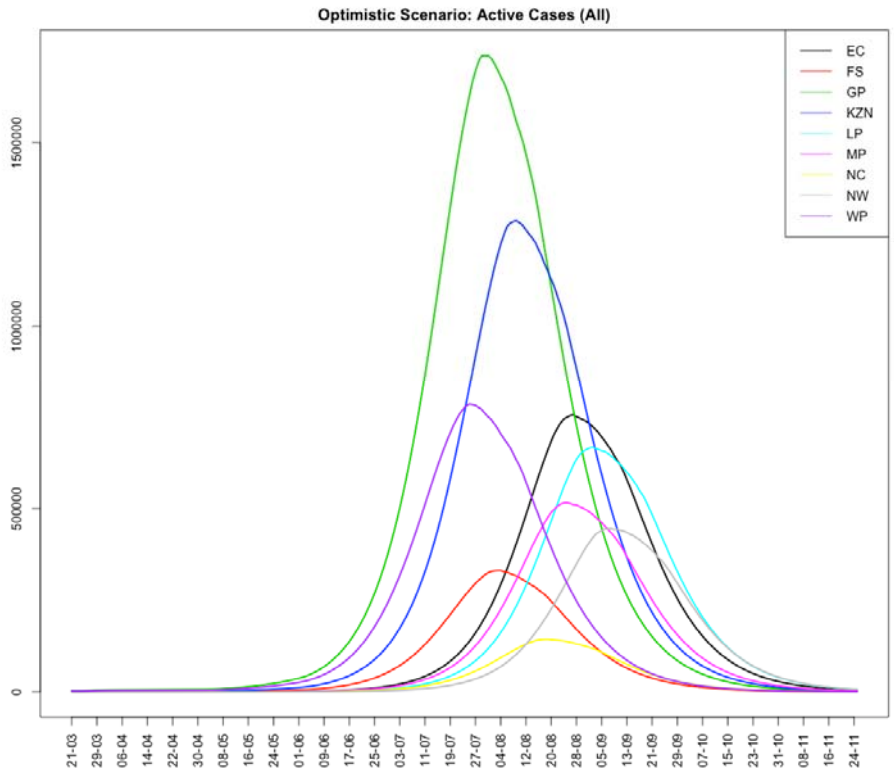

Key Assumption: Asymptomatic proportion of cases: **75%**

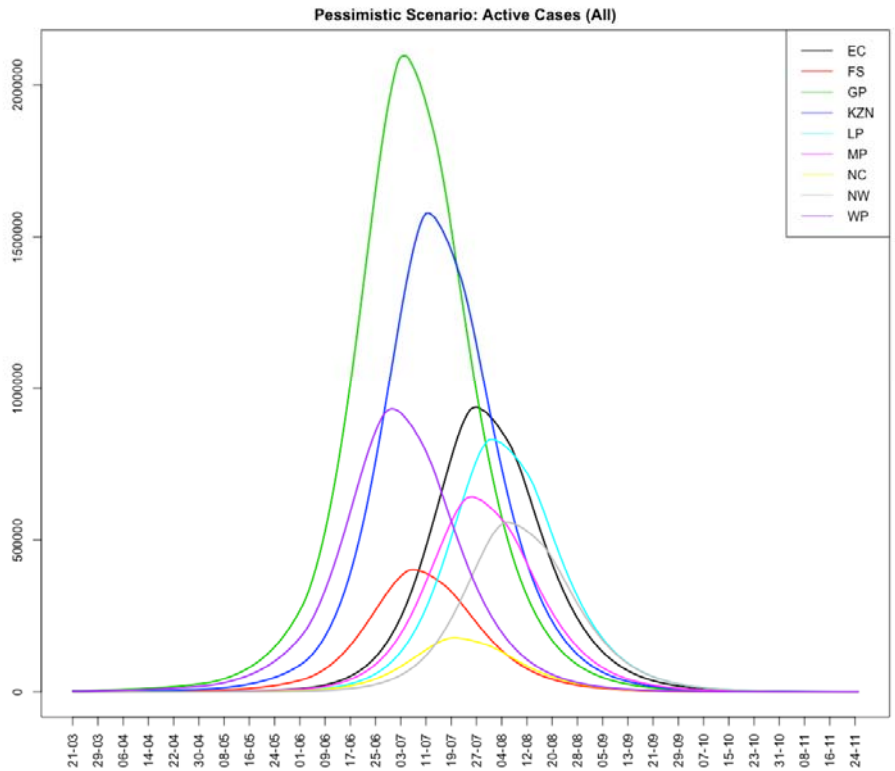
# Long term projections: National



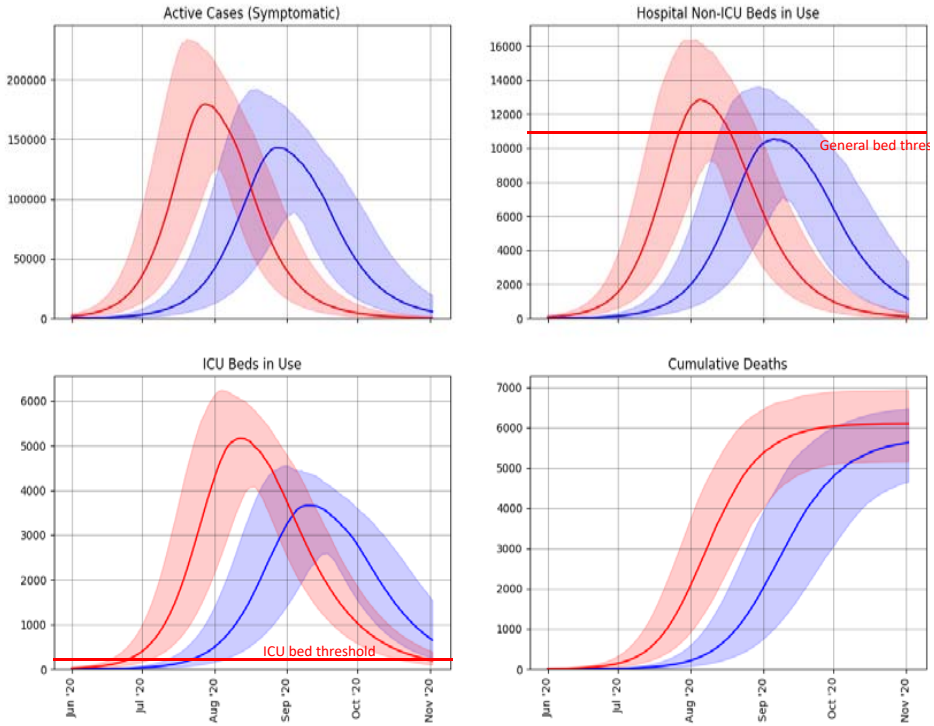

Current trajectory of **detected** cases: Optimistic

# Provincial Projections



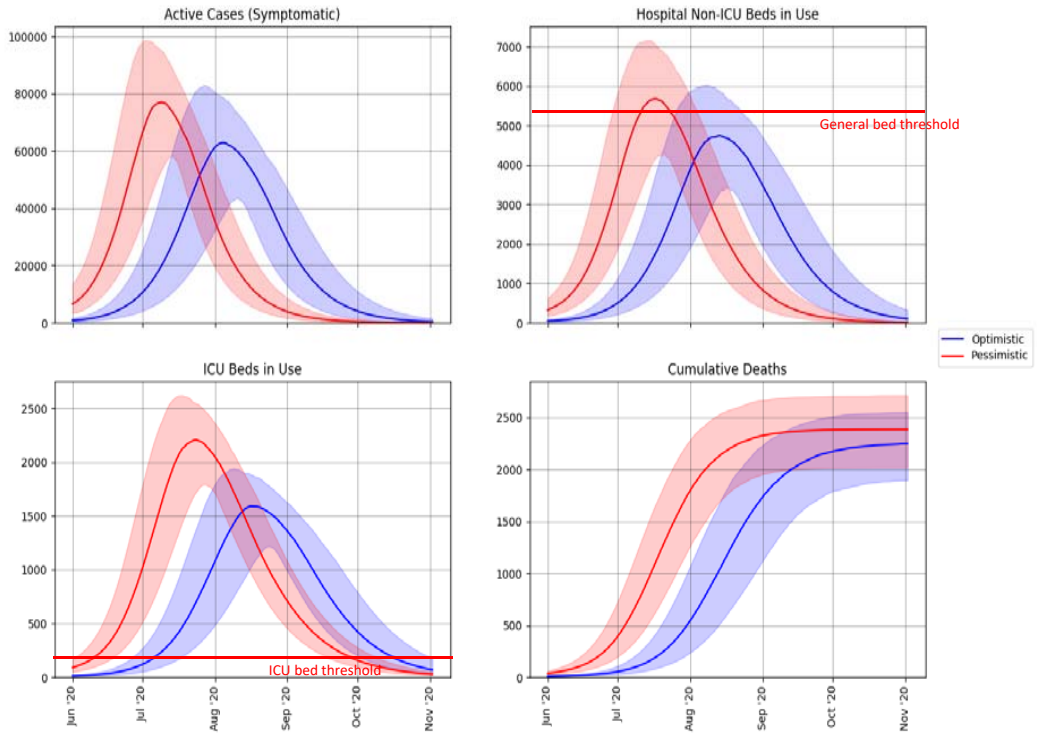



# Eastern Cape



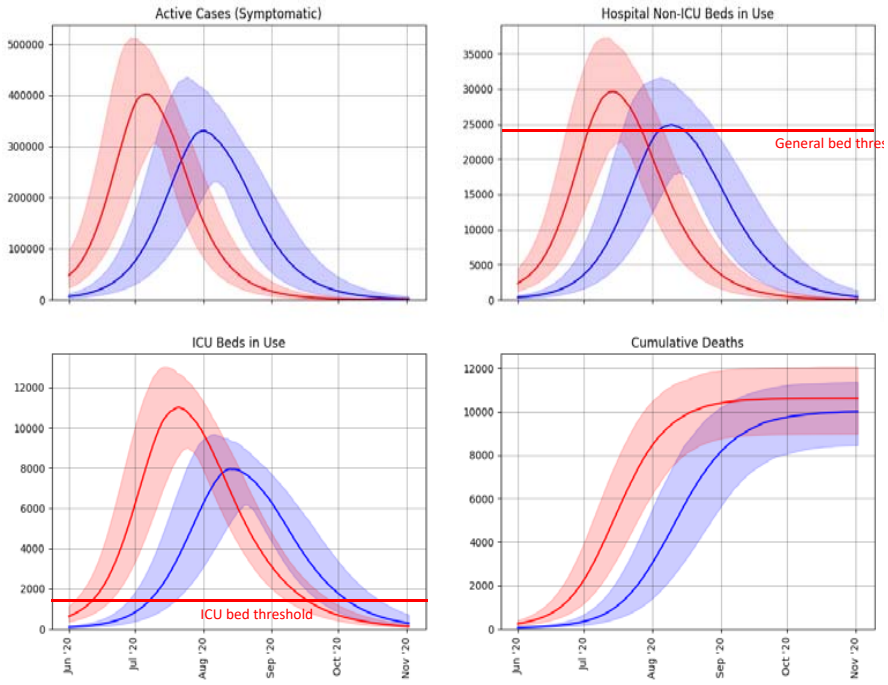

Current trajectory of **detected** cases: Pessimistic

# Free State



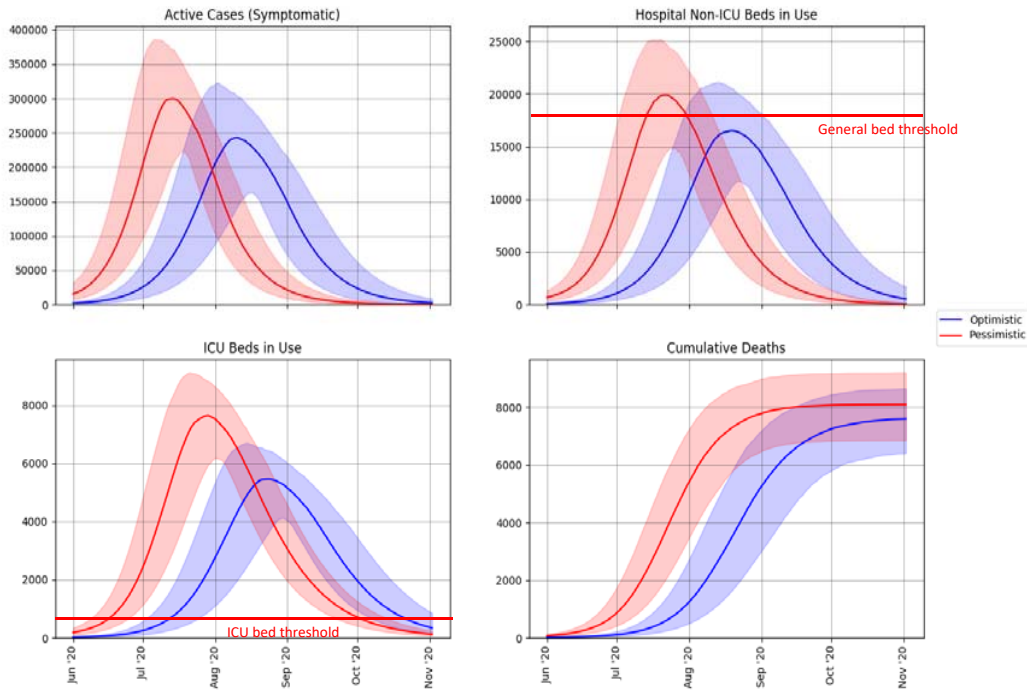

Current trajectory of **detected** cases: Better than optimistic

# Gauteng



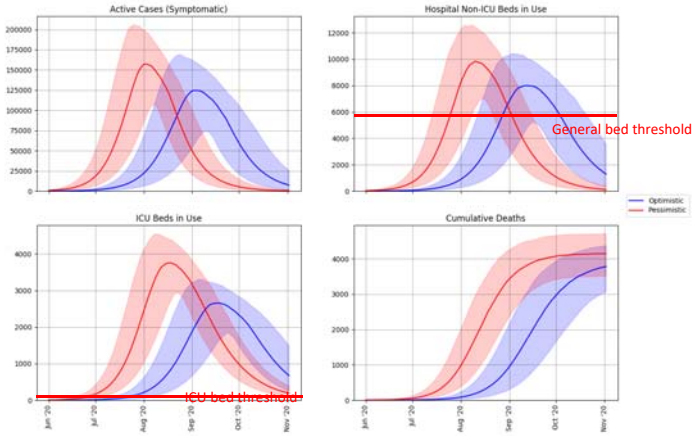

Current trajectory of **detected** cases: Optimistic

# Kwa-Zulu Natal

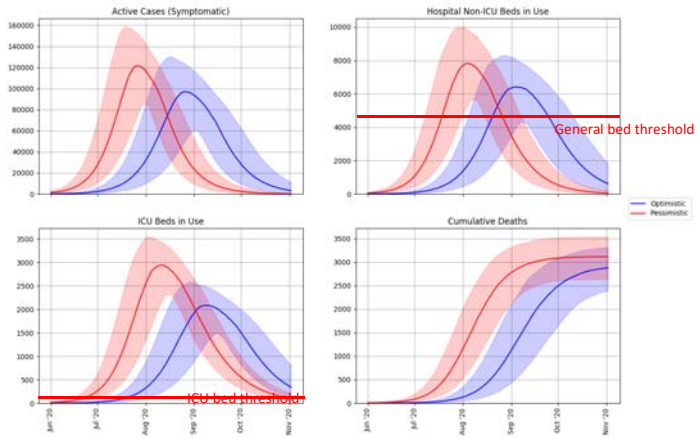



Current trajectory of **detected** cases: Optimistic

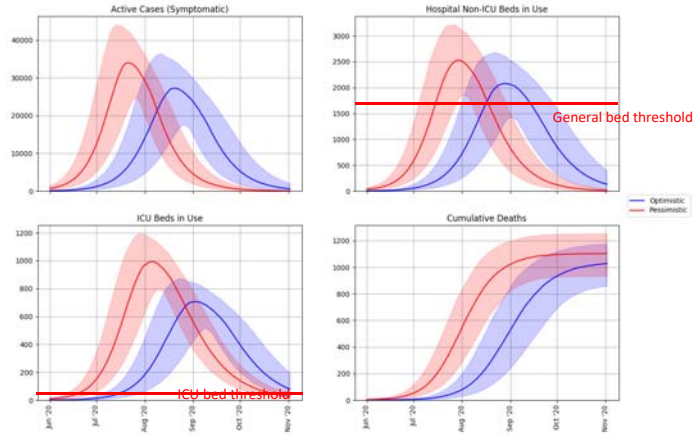
# Limpopo



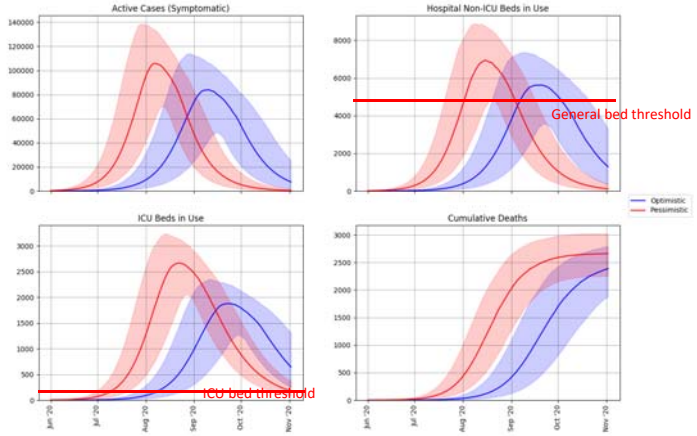

# Mpumalanga




# Northern Cape

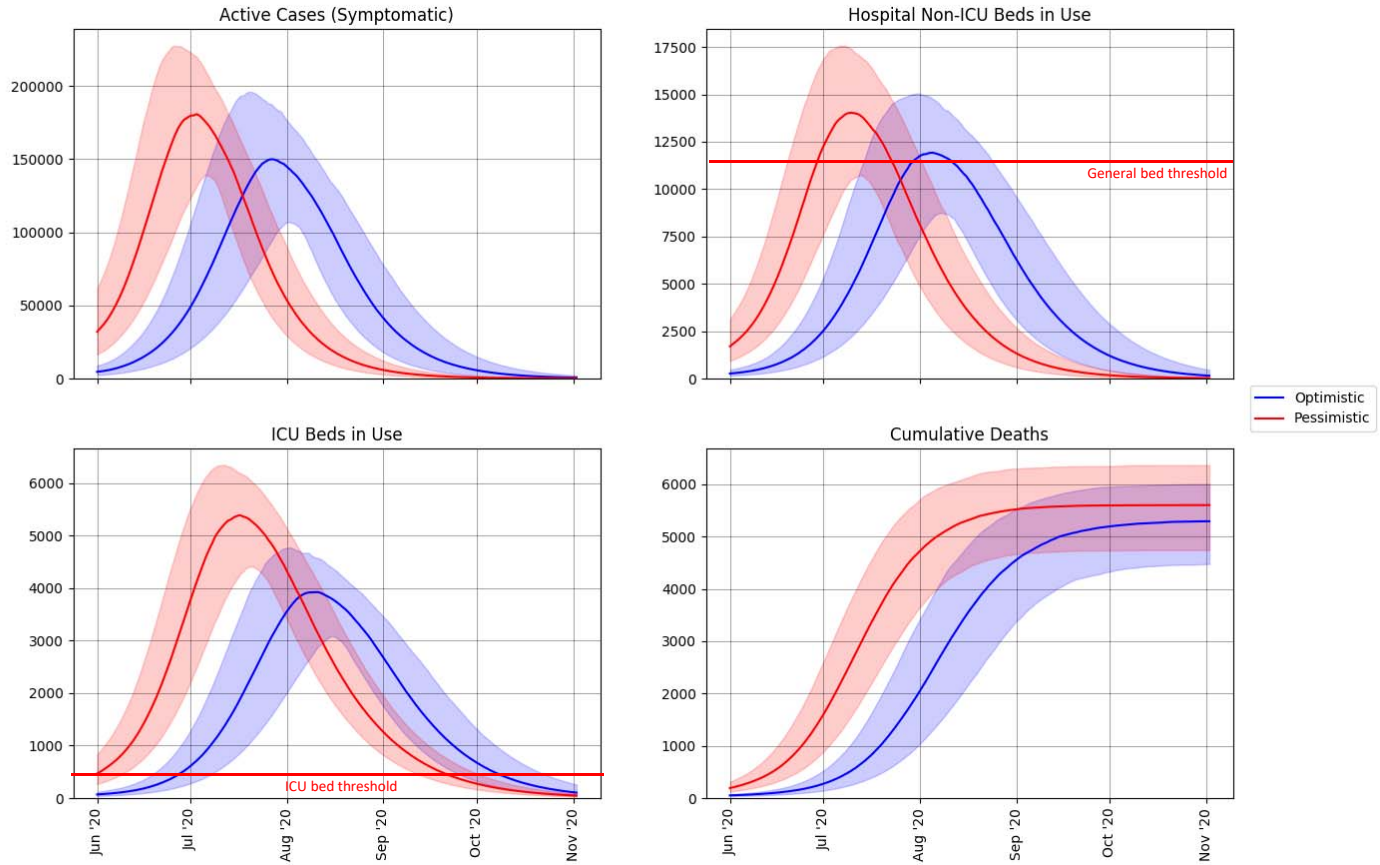



# North West




Current trajectory of **detected** cases: Optimistic

# Western Cape




Current trajectory of **detected** cases: Pessimistic

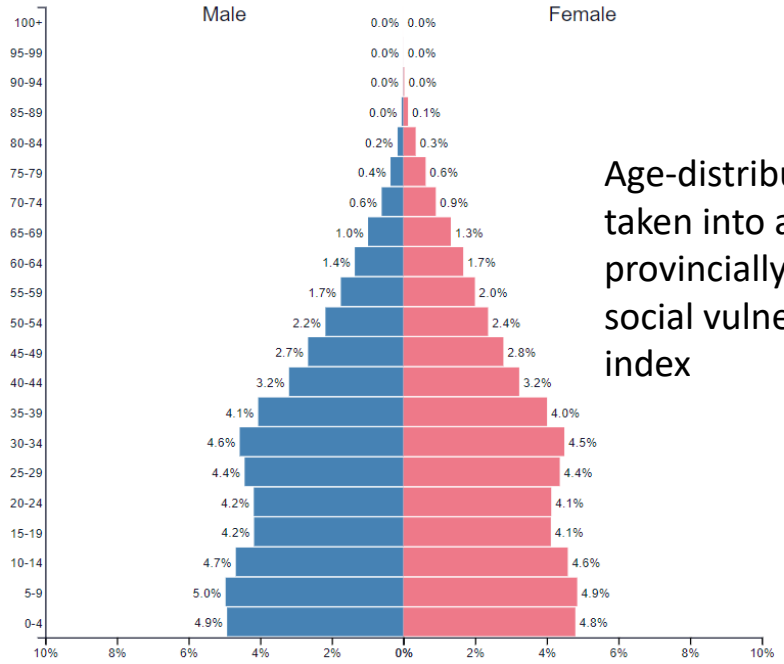
# Conclusions

- The initial social distancing and lockdown measures have worked:
  - Epidemic curve has flattened and peak been delayed
  - Extension of lockdown to 5 weeks bought us critical additional time to ramp up community testing and prepare mitigation measures for the oncoming wave
- Peak in active cases likely between early July (pessimistic) and early Aug (optimistic). This will be affected by post-lockdown measures.
- Considerable variation in timing and scale of peaks between Provinces. Variation will be greater between districts and sub-districts.
- Under almost all scenarios hospital and ICU capacity will be exceeded though timing and extent is uncertain. Requires a flexible approach to resource acquisition with initial purchases now and additional orders as more information becomes available

# *Disease severity with age-specific adjustment for South Africa*

| | Severe cases (hospitalized) of confirmed cases | Critical (of severe) | Fatal (of critical) |
|---|---|---|---|
| 0 to 9 | 2% | 0% | 0% |
| 10 to 19 | 2% | 0% | 0% |
| 20 to 29 | 10% | 12% | 5% |
| 30 to 39 | 15% | 16% | 5% |
| 40 to 49 | 21% | 19% | 7% |
| 50 to 59 | 25% | 23% | 17% |
| 60 to 69 | 31% | 25% | 28% |
| 70 to 79 | 40% | 30% | 34% |
| 80+ | 47% | 30% | 83% |

*Source: Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) — CDC COVID-19 Response Team, United States, February 12–March 16, 2020*




Age-distribution taken into account, provincially and by social vulnerability index

**Of those with symptomatic infection**

| | |
|---|---|
| ~96% | Mild |
| ~2.8% | Severe |
| ~1.2% | Critical |

# Key Model Parameters

| | Parameter | Value*(range) | Sources |
|---|---|---|---|
| **Infection severity**** | Proportion of cases that are asymptomatic | 75% | [1], [2], [3] |
| | Mild to moderate cases among the symptomatic | (95.64%, 96.78%) | [5] |
| | Severe cases among the symptomatic | (2.46%-3.64%) | |
| | Critical cases among the symptomatic | (1.16%-1.45%) | |
| | Proportion of cases that are fatal | (0.30%, 0.412%) | [4], [5] |
| **Timeframes & treatment durations** | Time from infection to onset of infectiousness | 4 days (2·0-9·0) | [4], [6], [7], [8], [9], [10] with input from analysis of NICD data. |
| | Time from onset of infectiousness to onset of symptoms | 2 days (1·0-4·0) | |
| | Duration of infectiousness from onset of symptoms | 5 days | |
| | Time from onset of mild symptoms to testing | 4 days (2.0-4.0) | |
| | Time from onset of symptoms to hospitalisation | 5 days (4·0–8·0) | |
| | Time from onset of symptoms to ICU admission | 9 days (8·0–17·0) | |
| | Duration of hospital stay | 12 days (7·0–16·0) | |
| | Duration from ICU admission to discharge | 18 days (14·0–18·0) | |
| | Duration from ICU admission to death | 5 days (4.0-7.0) | |

* Parameter values have been selected for use by an expert panel of clinicians on the SA Covid-19 Modelling Consortium. Ranges are informed by sources.
** Accounts for population age structure in South Africa [11].

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